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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/411,199 09/17/2002 *CMA*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** *CMA*

**** 12/09/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>WA</i> Examiner's Signature Initials	STATE OR COUNTRY TN	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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TITLE

Vaginal cleansing swab

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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